



6 Amendment 3
SMW 4-26-04

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	09/865,917	Confirmation No.:	5323
Applicant	:	GIANPAOLO BAROZZI et al.		
Filed	:	May 24, 2001		
TC/A.U.	:	2633		
Examiner	:	ALEX H. CHAN		
Docket No.	:	CISCP677		
Customer No.	:	26541		
Title	:	OPTICAL DEMULTIPLEXER WITH MULTI-CHANNEL POWER CONTROL AND TILT COMPENSATION		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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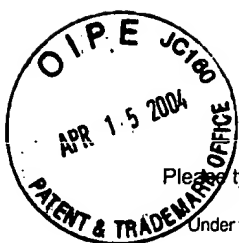
AMENDMENT A

Sir:

In response to the Office Action of January 23, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-03)

Approved for use through 8/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/865,917	
	Filing Date	May 24, 2001	
	First Named Inventor	GIANPAOLO BAROZZI	
	Group Art Unit	2633	
	Examiner Name	ALEX H. CHAN	
Total Number of Pages in This Submission		Attorney Docket Number	CISCP677

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	RITTER, LANG & KAPLAN LLP GARY T. AKA, Reg. No. 29,038
Signature	
Date	APRIL 8, 2004

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			APRIL 8, 2004
Typed or printed name	KAREN A. HALLOCK		
Signature		Date	APRIL 8, 2004

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